



Connecticut Community KidCare

STATUS REPORT

A

Quarterly Report Submitted to

THE CONNECTICUT GENERAL ASSEMBLY

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CT Department of Children and Families

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Purpose:

This document serves as the fifth quarterly report issued by the Departments of Children and Families and Social Services regarding the status of the children's behavioral health program, Connecticut Community KidCare. As required by PA01-2, this document serves to update the General Assembly on the progress of this system reform.

Programmatic Update:

Connecticut Community KidCare is the state funded and supported children's behavioral health system that provides services to children and youth who are experiencing behavioral health difficulties. Through a range of community based services, children with complex behavioral health needs are provided with individualized treatment plans that combine clinical services with non-traditional support services in an effort to enhance their ability to succeed in home, school and community. To that end, DCF has developed and funded a network of providers who, in concert with families, provide crisis intervention, home-based services, extended day treatment and care coordination services to those children whose behaviors put them at risk for hospital or residential levels of care. The following narrative reflects activity within the service system for the period covering July 1, 2003 through September 30, 2003.

Mobile Crisis Teams:

The statewide network of sixteen mobile crisis units continue to respond to urgent calls from parents/caregivers, school personnel and others who are calling for help with a child they believe to be in crisis. **1121** calls were received during this first quarter of FY'04. Of those calls, over 1000 situations were resolved either through direct contact with the child and subsequent referral on to additional treatment, or through phone consultation and referral. The remaining cases were either referred to hospital level care or are still being seen for follow-up care by the crisis teams.

With school opening, it is not surprising that almost 25% of calls received during the month of September were received from schools seeking immediate help on behalf a student. Due to an extensive amount of statewide and local outreach, all mobile crisis teams have developed solid working relationships with most schools and are welcome consultants called upon to support youngsters in crisis and to triage to more long term help. When warranted, the crisis team professionals remain available to the youngster and the immediate caregivers to provide additional support until more intensive forms of treatment can be procured.

As the crisis teams become better integrated into the schools and communities they serve, team members report that they are doing some creative interventions directed towards specific needs of the youth referred to service. Support groups for children who have witnessed domestic violence, and/or experienced trauma have been developed in two communities and in another community, the crisis team is routinely called when police respond to domestic violence calls. Team members are also reporting that they are seeing and responding to distress associated with bullying and harassment in school and are working with schools staff on intervention strategies to deal with bullying.

Care Coordination

Care coordinators continue to provide assistance to families who need help organizing their child's treatment and identifying appropriate services. At the close of this quarter, **628** children were receiving care coordination services through the intensive work of 60 Care Coordinators.

Crisis Stabilization Units

Crisis Stabilization beds have been utilized to assist those youth in crisis who need extensive evaluation and support but who do not meet criteria for psychiatric hospitalization. Since the two programs located on the UCONN Health Center campus and Children's Center in Hamden opened in June, 42 children have received services and hence been diverted from emergency departments.

Intensive Home-Based Services:

Intensive Home-based services, supported by KidCare allocation and dollars from the Mental Health Strategy Board, are provided through 24 separate contracts with clinical providers throughout the state. Using best practice models of intervention, teams of clinicians and para professionals work intensively with families where a youngster is at risk for out-of-home placement. Presently, there are over 200 families receiving this service.

Training:

As we enter the next stages of development, attention will be focused on working with providers to jointly identify and train around preferred practices to meet the exceptional behavioral health needs of children and youth in the child welfare and juvenile justice systems. Working within existing program parameters, it is the goal of DCF to provide the best possible therapeutic care to the neediest of Connecticut's children. Working in partnership with our residential and outpatient providers, we anticipate introducing new service paradigms and structured curriculums to enhance the solid work that is currently provided.

Administrative Update:

For the past two years, the Department of Children and Families (DCF), the Department of Social Services (DSS) and the Department of Mental Health and Addiction Services (DMHAS) have been working together to develop a jointly operated state funded behavioral health care system through the establishment of the Behavioral Health Partnership (BHP). The BHP would allow for integrated funding, planning and administration of the state's publicly funded behavioral health network. These administrative steps are necessary to fully implement the systemic benefits of KidCare and to more fully utilize the initiatives described above.